

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$348.00 for dates of service 10/22/01.
- b. The request was received on 01/25/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 01/07/02
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/23/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 04/25/02. The response from the insurance carrier was received in the Division on 05/14/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:
 - a. "Enclosed is the preauthorization request and approval from the carrier. I am not sure if they were aware of Citing 28 TX Admin Code 134.600, TWCC Advisory 2001-03, 'Preauthorization Process and Access to Medical Dispute Resolution,' signed by Executive director Of [sic] the TWCC, Feb. 22, 2001 which states 'Once the [insurance carrier or carrier's delegated agent ("URA")] has approved the medical necessity for a specific treatment or service, the [insurance carrier] may not retrospectively deny payment based on medical necessity, but may retroactively dispute the amount of reimbursement.'"

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 10/22/01.
2. The submitted EOB denial is "A-PRE-AUTHORIZATION NOT OBTAINED.

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
10/22/01	97113	\$208.00	\$0.00	A	\$52.00 (each 15 minutes)	TWCC Rule 134.600(o) TWCC Rule 134.600 (h)(10)	“...Requests for preauthorization submitted prior to January 1, 2002 shall be subject to the rule in effect at the time the request was submitted.” According to the referenced Rule pre-authorization is required for the services rendered. Medical documentation indicates that per-authorization was obtained per the letter submitted by the provider dated 09/14/01 states: “TREATMENT/SERVICE REQUEST: Continued right shoulder/thoracic spine physical therapy Service date: 06/05/2001 for 12 day(s) or Visit(s) and 4 week(s), if applicable, for a total of 48 Days or Visits and 16 Weeks.” Therefore, reimbursement is recommended in the amount of \$348.00.
10/22/01	97110	\$140.00	\$0.00	A	\$35.00 (each 15 minutes)	TWCC Rule 134.600(o) TWCC Rule 134.600 (h)(10)	“...Requests for preauthorization submitted prior to January 1, 2002 shall be subject to the rule in effect at the time the request was submitted.” According to the referenced Rule pre-authorization is required for the services rendered. Medical documentation indicates that per-authorization was obtained per the letter submitted by the provider dated 09/14/01 states: “TREATMENT/SERVICE REQUEST: Continued right shoulder/thoracic spine physical therapy Service date: 06/05/2001 for 12 day(s) or Visit(s) and 4 week(s), if applicable, for a total of 48 Days or Visits and 16 Weeks.” Therefore, reimbursement is recommended in the amount of \$348.00.
Totals		\$348.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$348.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$348.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 6th day of June 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb